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Date: February 9, 2006

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325118

From: Robert B. Leonard

Telephone Number:

612/766-8578

To: EDELL, Joseph F.

Fax No.:571-273-8300

Art Unit: 3636

Patent & Trademark Office, Technology Center 3600

Phone No.:

Inventor(s): BRIAN R. TREGO et al.

Examiner:

EDELL, Joseph F.

Appln. No.: 10/748,537

Group Art Unit: 3636

Filing Date: December 30, 2003

Title:

HORIZONTALLY

ADJUSTABLE CHAIR

ARMREST

Docket No.

77012-325118

Attached for filing:

1. General Power of Attorney;

2. M2:20773756.01 Statement Under 3.73(b).

If you do not receive all pages, please call the Fax Center at 612/766-1650 or Sue Meyer at 612/766-7348.

לייייטן ספוסע (עיייען 77012

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CPR 3.73(b). I hereby appoint: ISI Practitioners associated with Customer Number: SS506 OR Practitioner(s) named below (if more than ten petent practitioners are to be named, then a customer number must be use attorney(s) or agent(s) to represent the undersigned according to the USPTO assignment in connection with any and all patent applications assigned gink to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). The address associated with Customer Number OR If imn or individual Name Address Assignee Name and Address: HNII Technologies Inc. 414 East Tard Surset P.O. 80x 1109 Assignee Name and Address: HNII Technologies Inc. 414 East Tard Surset P.O. 80x 1109 Assignee Name and Address: HNII Technologies Inc. 414 East Tard Surset P.O. 80x 1109 Assignee Name and Address: HNII Technologies Inc. 414 East Tard Surset P.O. 80x 1109 Assignee Name and Address: HNII Technologies Inc. 414 East Tard Surset P.O. 80x 1109 Assignee Name and Address: HNII Technologies Inc. 415 Executioners appointed in this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be if in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be if in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be in each application to act on behalf of th	POWE	R	OF	AT	TO	RN	VEY	′ T(O P	R	08	EC	υT	E A	\PP	LIC	;A	TI	ON	IS	E	BEI	FC	R	E T	'HE	EU	SP	TO
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Registration Number Registration Number Aumber as attorney(e) or agent(e) to represent the undersigned before the United States Patent and Trademark Office (USPT) in connection with any and all patent applications assigned gnly to the undersigned according to the USPTO assignm records or assignment documents attached to trial form in acceptance with 37 GFR 3.73(b). Prease change the correspondence address for the application identified in the attached statement under 37 GFR 3.73(b) (or The address associated with Customer Number OR Firm or Individual Name Ackiness City Country Tecephone Email Assignee Name and Address: HNI Technologies Inc. 414 East Third Street P.O. Box 1109 Muscatine, IA 52781-0071 A copy of this form, together with a statement under 37 GFR 3.73(b) (Form PTO/SE/66 or equivalent) is required to be fit each application in which this form is used. The statement under 37 GFR 3.73(b) may be completed by one of the rectioners appointed in the fits form pick appointed predictioner is subcritized to act on behalf of the assignee, and musdentify the application in which this Power of Attorney is to be fitted. The infinity the application in which this Power of Attorney is to be fitted. Signature Date 12 20 p5	_	ition	976 B	8 90 C	iated	with	h Cu	etom	er Ni	umb	er.				58	506													
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Individual Name Activess City Country Telephone Email Assignee Name and Address: HNI Technologies Inc. 414 East Third Street P.O. Box 1109 Muscatine, IA 52761-0071 Leopy of this form, together with a statement under 97 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be for each application in which this form is used. The statement under 97 CFR 3.73(b) may be completed by one of the rectitioners appointed in this form is used. The statement under 97 CFR 3.73(b) may be completed by one of the rectitioners appointed in this form is used. The statement under 97 CFR 3.73(b) may be completed by one of the senting the appointed in this power of Attorney is to be filled. Signature Date 12 20 05					_	_												_		_							_		
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STA'	TEMENT UNDER 37 CFR 3.73(b)	
		RECEIVED CENTRAL FAX CENT
Applicant/Patent Owner: BRIAN R. TREGO		
Application No./Patent No.: 10/748,537		FEB 1 3 2006
Entitled: HORIZONTALLY ADJUSTABLE	E CHAIR ARMREST	
HNI Technologies Inc.	, a Corporation	
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership	, university, government agency, etc.)
states that it is: 1. XXI the assignee of the entire right, title, and it	interset or	
2. an assignee of less than the entire right, ti		
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in the patent application/patent identified above b	oy yifue of either:	
A. An assignment from the inventor(s) of	the patent application/patent identified above. The mark Office at Reel, Frame	e assignment was recorded , or for which a copy
OR		
B. A chain of title from the inventor(s), of the below:	the patent application/patent identified above, to	the current assignee as shown
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Additional documents in the chain of title	are listed on a supplemental sheet.	
Copies of assignments or other documents in	About the state of Alberta and the state of Alberta and Alberta an	
NOTE: A separate copy (i.e., a true copy of	the chain or the are attached. the original document(s)) must be submitted to A	ssignment Division to accordance
with 37 CFR Part 3, if the assignment is	s to be recorded in the records of the USPTO Se	₩ MPEP 302.08}
The undersigned (whose tifle is supplied below) is	s authorized to act on behalf of the assignee.	
plit is		2/17/06
Signature Robort R. Le		Date
Robert B. Led Printed or Typed		612-766-8578
		Telephone Number
Attorney of R	ecord	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.